

ABSTRACT

A laryngoscope includes a blade assembly with a base that is coupled to a handle. Attached to the blade assembly are two hollow guide tubes that generally follow along the longitudinal axis of the blade assembly. The two tubes are oriented at different angles of attack for directing aspirating and/or oxygenating tubes into different regions of the patient's oral cavity. The handle has an ergonomic shape to conform to the user's hand, thereby facilitating the user's application of a downward force necessary to effect laryngeal suspension. A tube extension/retraction mechanism effects user-controlled powered movement of an aspiration/oxygenation tube into or out of the patient's oral cavity. A bayonette connection is provided for connecting the blade assembly to the handle.

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